continuous eligibility of adult patients with confirmed diagnoses of RA between June 2004 and December 2009. RA patients were identified as adults (age of 19) who had newly diagnosed with RA in 2007; the remainder had evidence of the disease in the previous 24 months. Patients with at least one inpatient or emergency room visit were excluded. The number of patients diagnosed with RA during the study period was 28,450 (28.4%), and COPD (33%). Annual direct healthcare costs were also higher for individuals with RA and 5 commonly managed chronic conditions. We compared health risks, lost productivity driver for employers. Population health based programs may result in work productivity loss and high overall healthcare costs for employers. However, the impact on health Risks is not well studied. This study compares risk, absenteeism, and medical/Pharmacy costs for individuals with RA and 5 commonly managed chronic conditions. We compared health Risks, lost productivity, and total direct costs among individuals with Rheumatoid Arthritis (RA) and 5 most prevalent chronic conditions. METHODS: Health-risk information and self-reported illness days using health-risk assessment (RA) data were examined and Direct Healthcare costs (medical and pharmacy) using claims data for employees, retirees, and their adult dependents of a large self-employed worker were compared from 2002-2006 among individuals with RA and 5 most prevalent chronic conditions; asthma, coronary artery disease/congestive heart failure (CAD/CHF), diabetes, hypertension, and obstructive pulmonary disease. RESULTS: The sample of 129 individuals with RA were identified. The RA cohort had moderate health-risk score (2.75) which was comparable to individuals with asthma (2.85), CHF (2.9), hypertension (2.6) and lower than diabetes (3.25) and COPD (3.45). Whereas, higher proportion (36%) of individuals with RA had illness days per year as compared with individuals with asthma (31.8%), CAD/CHF (25.9%), hypertension (20.4%), diabetes (28.4%), and COPD (33%). Annual direct healthcare costs were also higher for individuals with RA ($30,897) as compared to individuals with asthma ($25,814), CAD/CHF ($22,916), hypertension ($18,635), and diabetes ($28,035), and lower as compared to individuals with COPD ($38,839). CONCLUSIONS: Individuals with RA have similar health-risks but higher illness days, and direct healthcare costs as compared to the individuals with five most prevalent chronic conditions. RA is a high costs and lost productivity driver for employers. Population health based programs that engage employees in appropriately managing their chronic conditions can help employers reduce health-risks, improve productivity, and may help reduce healthcare costs as well.

PMS16 COST OF RHEUMATOID ARTHRITIS PATIENTS RECEIVING TNF-ANTAGONIST THERAPY FROM THE KOREA NATIONAL HEALTH INSURANCE CLAIMS DATABASE
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OBJECTIVES: To analyze characteristics and to estimate costs of rheumatoid arthritis (RA) patients treated with TNF-antagonist using the Korean national health insurance(KNIH) claims database between 2007 and 2009 from insurer’s perspective. METHODS: RA patients were identified as adults (age of 19) who had at least one KNIH record within the RA diagnosis period. Patients were divided into 2008 and 2009. TNF-antagonist naïve patients were defined as RA patients who didn't have any claim record for a TNF antagonist during window period but who had records between Jul. 1.2007 and Dec. 31.2008. Corresponding inpatient costs were $6,668, on average, for RA patients (95% CI: $6,587-$6,744) and $1,756 (95% CI: 1,717-$1,794) for controls. In comparison, mean outpatient pharmacy costs were $3,213 (95% CI: $3,195-$3,233) for RA patients and $2,245 (95% CI: $2,229-$2,262) for controls. CONCLUSIONS: The direct healthcare costs of RA patients were over two times higher than those of similar patients without the condition. Higher inpatient costs among RA patients were the primary driver of the cost difference. Higher inpatient costs among RA patients with 5 chronic conditions than among non-RA patients prompt clinicians to pay attention to associated comorbid illnesses.

Pharmaceuticals, Inc., Malvern, PA, USA were estimated using a generalized linear model with log link, controlling for pre-